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** CONTINUING DATA *****				
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY JAPAN	SHEETS DRAWING 11	TOTAL CLAIMS 15
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 6		
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TITLE DEVICE, SYSTEM, AND METHOD FOR IDENTIFYING LIVING BODIES AND RENEWING REGISTRATION DATA				
FILING FEE RECEIVED 1636	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	